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ATTENTION: Examiner Alana M. Harris  
TELEPHONE NUMBER: 571-272-0831

Attorney Docket No. 0334.210US

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**CERTIFICATION OF FACSIMILE TRANSMISSION**

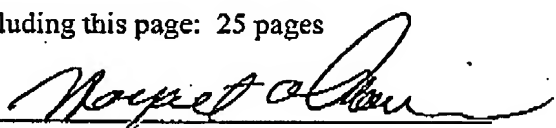
I hereby certify that the following documents in re Application of Juha Punnonen et al., Application No. 10/828,559, filed April 19, 2004, entitled "NOVEL TUMOR-ASSOCIATED ANTIGENS," are being facsimile transmitted to the U.S. Patent and Trademark Office to USPTO Facsimile No. 571-273-8300, addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Mail Stop: Amendment on the date below:

Documents Attached

1. Amendment (20 pages)
2. Request for Extension of Time (1 page), plus one copy page (1 page)
3. Transmittal Form (1 page)
3. Fee Transmittal (1 page)

Number of pages being transmitted, including this page: 25 pages

Dated: July 11, 2007

  
Margaret A. Powers  
Reg. No. 39,804

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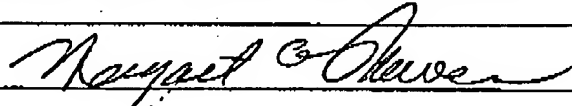
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/828,559	
	Filing Date	April 19, 2004	
	First Named Inventor	Juha Punnonen	
	Group Art Unit	1643	
	Examiner Name	Harris, Alana M.	
Total Number of Pages in This Submission	25	Attorney Docket Number	0334.210US

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appellate Brief Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Fax Transmission Cover Sheet</div>
<b>Authorization to Charge Deposit Account</b> Please charge Deposit Account No. 50-0990 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.		
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Margaret A. Powers, Reg. No. 39,804
Signature	
Date	July 11, 2007

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Typed or printed name	Margaret A. Powers
Signature	
Date	July 11, 2007